

State of Hawaii  
Department of Human Services  
MED-QUEST DIVISION

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**MEDICAID STATE PLAN**

**SPA MEMO NO.:** 25-02

**DATE:** 04/01/25

**ORIGINATOR:** POLICY AND PROGRAM DEVELOPMENT OFFICE

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TO: Custodian of Med-QUEST Division Medicaid State Plan

FROM: Judy Mohr Peterson, PhD *JMP*  
Med-QUEST Division Administrator

SUBJECT: APPROVAL OF AMENDMENT UNDER THE MEDICAID STATE PLAN

**EXPLANATION:**

The State of Hawaii received approval from the Centers for Medicare & Medicaid Services (CMS) for State Plan Amendment (SPA) Number 25-0002 "Pharmacy Intern and Pharmacy Tech Specialist" approved on March 14, 2025, effective January 1, 2025.

On June 28, 2024, HB2553 was signed into Hawaii law (Act 104). Under the new law, licensed pharmacists are authorized to administer vaccines to persons three years of age or older. Pharmacy interns and pharmacy technicians under the direct supervision of a licensed pharmacist are also allowed to administer vaccinations to persons three years of age or older, if certain requirements are met, effective January 1, 2025.

During the emergency period beginning March 11, 2021, Hawaii temporarily allowed pharmacy interns and pharmacy technicians to administer vaccines under the provisions of 1135(g)(1)(B) of the Social Security Act. The approval of this SPA allows pharmacy interns and pharmacy technicians to continue to provide those services going forward.

**FILING INSTRUCTIONS:**

Review and file the new Medicaid State Plan page in your Medicaid State Plan Manual as follows:

**Supplement to Attachment 3.1-A and 3.1-B pg. 2-Addendum**

File new Supplement to Attachment 3.1-A and 3.1-B pg. 2-Addendum.

The Med-QUEST Division amendment described above has been incorporated into the electronic version of the Medicaid State Plan located at the Department of Human Services website link for public transparency below:

<http://humanservices.hawaii.gov/reports/hawaii-medicaid-state-plan/>

#### Attachments

C: Attorney General's Office  
Audit, Quality Control & Research Office/Quality Control Staff  
Clinical Standards Office  
Department of Health/Child & Adolescent Mental Health Division  
Department of Health/State Planning Council Developmental Disabilities  
Department of Health/Developmental Disabilities Division  
Department of Human Services /Adult Protective and Community Services Branch  
Department of Human Services/Policy and Program Development Office  
Eligibility System Project (KOLEA)  
Finance Office  
Hawaii Document Center/HI State Library  
Hawaii Legislative Reference Bureau Library  
Health Care Services Branch  
Legal Aid Society of Hawaii

## **Table of Contents**

**State/Territory Name: HI**

**State Plan Amendment (SPA) #: 25-0002**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 14, 2025

Dr. Judy Mohr Peterson  
State of Hawaii Department of Human Services  
Office of the Director  
PO Box 339  
Honolulu, HI 96809-0339

Re: Hawaii State Plan Amendment (SPA) – 25-0002

Dear Dr. Mohr Peterson:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 25-0002. This amendment proposes to add services provided by pharmacy interns and pharmacy technicians to the State Plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Hawaii Medicaid SPA TN 25-0002 was approved on March 14, 2025, effective January 1, 2025.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Hawaii State Plan.

If you have any questions, please contact Brian Zolynas at (206) 615-2742 or via email at [Brian.Zolynas@cms.hhs.gov](mailto:Brian.Zolynas@cms.hhs.gov).

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by James  
G. Scott -S  
Date: 2025.03.14  
11:49:16 -05'00'

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Jodeen Enesa  
Edie Mayeshiro

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 5</u> — <u>0 0 0 2</u>	2. STATE <u>HI</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**01/01/25**

5. FEDERAL STATUTE/REGULATION CITATION  
**Title XIX of the Social Security Act**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY <u>2025</u>	\$ <u>0</u>
b. FFY <u>2026</u>	\$ <u>0</u>

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
**Supplement to Attachment 3.1-A and 3.1-B pg. 2-Addendum**

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT  
**Addition of Pharmacy Technician and Pharmacy Intern services.**

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL  


12. TYPED NAME  
Judy Mohr Peterson, PhD

13. TITLE  
Med-QUEST Division Administrator

14. DATE SUBMITTED  
12/27/24

15. RETURN TO  
State of Hawaii  
Department of Human Services  
Office of the Director  
P.O. Box 339  
Honolulu, Hawaii 96809-0339

**FOR CMS USE ONLY**

16. DATE RECEIVED  
December 27, 2024

17. DATE APPROVED  
March 14, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL  
  
Digitally signed by James G. Scott -S  
Date: 2025.03.14 11:49:45 -05'00'

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations  
Medicaid & CHIP Operations Group

22. REMARKS

6d. Services of Other Providers (continued)

- i. Services provided by Pharmacy Interns and Pharmacy Tech Specialists under the supervision of a Licensed Pharmacist. The licensed pharmacist assumes the professional liability for services furnished by pharmacy interns and technicians.

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<b>TN No.</b>	<u>25-0002</u>	<b>Approval Date:</b>	<u>March 14, 2025</u>	<b>Effective Date:</b>	<u>01/01/2025</u>
<b>Supersedes</b>					
<b>TN No.</b>	<u>NEW</u>				